



PROPOSAL FOR NEW CURRICULUM STRAND

Use this form to request approval of new curriculum strands involving more than one new course.

Date _____

Contact Person _____ **School** _____

Proposed Title of New Curriculum Strand/Program:

Brief Description of Proposed Curriculum Strand:

1. IDENTIFICATION OF NEED: Please answer the questions below.

- a. What is the rationale for the development of the new curriculum strand?
- b. Describe relevant student needs and indicate how and by whom they were identified.
- c. What opportunities for students already exist in this area?

2. GOALS AND OBJECTIVES:

- a. Does this proposed curriculum strand have recognized standards and benchmarks already established? If so, please attach a copy. If not, please complete section 2(b) below.
- b. What are the major learning goals and objectives of this curriculum strand?
- c. How will this proposal forward the attainment of existing District Strategic Initiatives and *The Profile of the New Century Graduate*?
- d. What additional courses will be developed in this curriculum strand area (attach form IF-E1 for each one if already developed)?
- e. Describe the proposed evaluation design, including how student attainment of curriculum objectives will be assessed.
- f. What impacts on other aspects of the educational program are likely to occur if this proposal is approved and implemented?

3. RESOURCE NEEDS AND TIMELINES:

A. Curriculum Development: Estimate additional resource needed for full development.

Salary and Benefits for Substitutes and/or stipends: _____

Purchased Services for Consultants _____

Supplies & Materials _____

Total Budget _____

B. Professional Development: What kinds will be needed and who will provide?

i. Estimated cost: _____

C. Learning Materials, supplies, and equipment:

what will be needed and what is the estimated cost?

D. Any other costs associated with development or implementation? _____

(Include resources for developing, selecting, and/or administering applicable assessments)

D. Proposed Source of Development and Implementation Expenses

Endorsements:

Contact Person(s): _____ Date _____

_____ Date _____

Principal(s) : _____ Date _____

_____ Date _____

Other appropriate advisory group representative:

_____ Date _____

Approvals:

Asst. Supt. Of Learning Services _____ Date _____

Curriculum Advisory Board Meeting Date: _____

(after Curriculum Advisory Board review)

Board of Education Approval Date: _____

Superintendent of Schools _____ Date _____

End of File: IF-E2